

1.) CORPORATION NAME: <b>ASHLEA TRAIL HOMEOWNERS ASSOCIATION, INC.</b>	DUE DATE: <b>1/31/2014</b>		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>PHILIP TENLEY JONES          8401 GREENSBORO DR STE 450          MCLEAN, VA</b>	SCC ID NO: <b>07468036</b>		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>			

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8401 GREENSBORO DRIVE  
SUITE 450

CITY/ST/ZIP: MCLEAN, VA 22102

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: STEVEN B. AYLOR TITLE: PRESIDENT ADDRESS: 8401 GREENSBORO DRIVE SUITE 450 CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: EDWARD F. PODBOY TITLE: VICE PRESIDENT ADDRESS: 8401 GREENSBORO DR. SUITE 450 CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: PAMELA A. WILES TITLE: SECRETARY ADDRESS: 8401 GREENSBORO DR. SUITE 450 CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ PAMELA A. WILES	PAMELA A. WILES, SECRETARY	3/20/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.